

ROOF CONSULTANT RESUME FORM

Firm and /or individual Name: _____

Address: _____

Contact Name: _____ **Title:** _____

Phone #: _____

Age of Firm: _____

If incorporated, what state, under what title, and under what date: _____

Virginia License #: _____

Registration #: _____

Names of Principals: _____
(or Company Officers)

Names of Technical Personnel: _____
(To include resumes)

Names of Support Personnel: _____

List of Professional Qualifications: _____
(Any other related qualifications)

ROOF CONSULTANT RESUME FORM (CONTINUED)

Testing Equipment Owed and Operated by your Firm: _____

Roofing Training and Past Roofing Industry Experience: _____

Roofing Industry Certifications: _____

Formal * Roofing Seminars Attended (with equivalent C.E.U. credits earned):

Lectures Given on Roofing: _____

Articles Written and Published on Roofing Topics: _____

Expert Witness Status: _____

ROOF CONSULTANT RESUME FORM (CONTINUED)

Projects completed of the type Being Quoted: _____

Client Reference List Sampling: _____

Personnel Who will be Assigned to this Project: _____

Equipment to be Assigned to this Project: _____

Project Leader/ Coordinator: _____

Miscellaneous information: _____

Insurance Coverages and Amounts: _____
General Liability: _____
Auto: _____
Professional Liability: _____
Workmen's Compensation: _____
Umbrella Policy: _____
Miscellaneous: _____
Submitted By: _____

Authorized Signature **Title** **Date**

Reference Specific Project: _____
